



THE OHIO STATE UNIVERSITY

COLLEGE OF FOOD, AGRICULTURAL,
AND ENVIRONMENTAL SCIENCES

CONFIDENTIAL

**THE ENDEAVOR CENTER
PARTNER APPLICATION**

I. GENERAL INFORMATION

Name of applicant: _____

Business name: _____

Current address: _____

Former address if less than two years at current address: _____

Telephone: (H) _____ (W) _____

Email : _____ Website : _____

Type of company: Sole Proprietorship Corporation
 Partnership Subchapter S

Is business currently in operation? Yes No
If yes, year business founded: _____
If no, where are you employed? _____

Do you currently have a Ohio business license? Yes No

Do you have a business plan? Yes No

II. INFORMATION ON BUSINESS PRODUCT/SERVICE

Briefly describe your product or service: _____

Briefly describe the market for your product/service (your target customer): _____

In what geographic areas are your customers located? _____

Who are your competitors? (Name at least two): _____

Why do you think you have a competition advantage? _____

How do you market and distribute your product or service?

____ Direct mail

____ Personal contacts made by owner

____ Sales force

____ Publication advertising

III. **BUSINESS EXPERIENCE**

Describe your past experience that relates to your product/service and the length of that experience (attach resume if available): _____

List the names and titles of any other officers or key personnel (attach resumes if available): _____

IV. **BUSINESS SERVICE NEEDS**

What types of office support services are you interested in?

____ Receptionist

____ Secretarial/Word Processing

____ Copier

____ Fax Machine

____ Mail Handling

____ Conference Room

____ Computer

____ Other

Do you currently have an accountant? ____ Yes ____ No

Do you currently have an attorney? ____ Yes ____ No

Do you need management assistance? ____ Yes ____ No

If yes, what type? _____

Do you need marketing assistance? ____ Yes ____ No

If yes, what type? _____

V. **FACILITY REQUIREMENTS**

Are you currently occupying a facility (either in your home or at a commercial location)?

____ Yes ____ No

If yes, what is your current square footage?

Office: _____ sq. ft.

Manufacturing: _____ sq. ft.

What is your approximate monthly cost for this facility?

Rent: \$ _____

Utilities: \$ _____

How many square feet of space does your business require?

Office: _____ sq. ft.

Manufacturing: _____ sq. ft.

If you require manufacturing space, please describe the machinery and equipment to be located on the premises and what service support is needed to maintain this equipment (i.e., electric load, venting, and cooling). _____

If accepted as a partner, when would you want to start occupancy in the facility? _____

How many total employees will be occupying space?

Current

1 Year

2 Years

Full-time

Part-time

VI. OTHER

How did you learn about the Endeavor Center? _____

How do you think your participation in the center would benefit your business? _____

How do you think your participation in the center would benefit the other business partners occupying the facility? _____

Please attach a brief typed narrative which generally describes your business, market, and operational plan.

VII. BUSINESS FINANCIAL INFORMATION

What are your projections for total gross sales volume?

Year 1 \$ _____

Year 2 \$ _____

Year 3 \$ _____

What is the amount and source of financing for operating your business?

A. Existing loan(s) Amount \$ _____

B. Cash/Equity Amount \$ _____

C. Operating expenses are/will be covered by sales

D. Other

Are you currently seeking additional funding for your business?

Yes No If yes, please state funds needed: \$_____

Where do you plan to obtain these funds? _____

Please list your business's bank references (include branch location and representative name): _____

Please complete the attached cash flow projection worksheet and return with your application.

I am applying for admission to the Endeavor Center. I understand that the information contained in this application will be held in the strictest confidence. I understand that as a part of the screening process, my credit history and financial references may be investigated. I further understand that this application is subject to review and in no way guarantees my admittance to this program and that no liability will be assumed by the Endeavor Center.

Signature: _____ Date: _____

Please return completed application to:

Ryan Mapes
Endeavor Center Manager
1862 Shyville Road
Piketon, OH 45661